S. No. 2
M—1-4-41
5-17-39
P1 X26330

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 930

FILED FEB 24 1942

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 774

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2127 Singleton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willie Taylor

3. (b) If veteran, name war xxx

3. (c) Social Security No. 497-05-1363

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Taylor,

6. (c) Age of husband or wife if alive dont know years

7. Birth date of deceased Aug 23rd 1906. (Month) (Day) (Year)

8. AGE: Years 35 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Arnoldville, Ga. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer,

11. Industry or business Scrap Iron Yard,

FATHER
12. Name Pope Taylor,
13. Birthplace Arnoldville, Georgia. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Georgia Eberhardt,
15. Birthplace Lexington, Georgia. (City, town, or county) (State or foreign country)

16. (a) Informant Pope Taylor
(b) Address 1815 Papin Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/42. (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director [illegible]
(b) Address 2812, Thomas, Street, StLouis,

19. (a) JAN 26 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22, 1942
year hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from January 9, 1942, 19 to January 22, 1942; that I last saw him alive on January 22, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other)
Address 2801 N. Whittier Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by my self, Registered Apprentice No. ....., working under my personal supervision.

Signed W. C. Houston Jr.

Licensed Embalmer No. 2266

P. O. Address 2812, Thomas, SA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.